

EAST KOOTENAY INFANT DEVELOPMENT PROGRAM

16 12th Avenue N., Cranbrook, B.C. VIC 3V7
 (250) 426-2543 FAX 426-0543 1-877-999-2543

E-mail - ekids@shaw.ca



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Please Print & Fax



Name				DOB		Sex	
Name of Parents/Guardian				Personal Health Number			
Home Address				Aboriginal Heritage (Yes/No)			
Mailing Address				Date of Referral			
Postal Code				Age at Referral			
E-mail Address				Sibling(s)		DOB	
Phone	Home		Work		Cell		

Are parents aware of referral Yes No

ADDITIONAL INFORMATION IF AVAILABLE:

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BIRTH INFORMATION:

Hospital	
Delivery Physician	
Birth Weight	
Physician(s)/ Family Dr.	

REFERRAL DATA:

Referral Source: Name & Title			
Address		Phone	
Reason for Referral			
Diagnosis			

ASSESSMENTS & SCREENING TOOLS COMPLETED:

Type	Name of Worker	Date of Assessment

Agencies Involved	Name of Worker	Contact Information

Office use only

Date of referral received –	Date Accepted into Caseload –
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